

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) 01017/30016A	
Application Number                      10/796,522-Conf. #2632		Filed    March 9, 2004	
For     TREATMENT FOR CENTRAL NERVOUS SYSTEM DISORDERS			
Art Unit                      1649		Examiner                      Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60                      \$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225                      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510                      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795                      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080                      \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,301</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34                      _____			
<u>/Jeanne M. Brashear/</u> Signature		<u>June 13, 2007</u> Date	
<u>Jeanne M. Brashear</u> Typed or printed name		<u>(312) 474-6300</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: June 13, 2007	Electronic Signature for Jeanne M. Brashear: <u>/Jeanne M. Brashear/</u>